

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Irvin. Adams

Died at *Parsonsville* ^{Town} *Somerset* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *Jan* ^{Day} *1* ^{Years} *38* ^{Months} *10* ^{Days} *15*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Alice E. Adams*

Father's Name *Thomas Adams* Father's Birthplace *MD*

Mother's Maiden Name *Nancy Walston* Mother's Birthplace *MD*

Name of person giving Information *Alice E Adams* How related to deceased *Wife*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* ^{How long} *7 days*

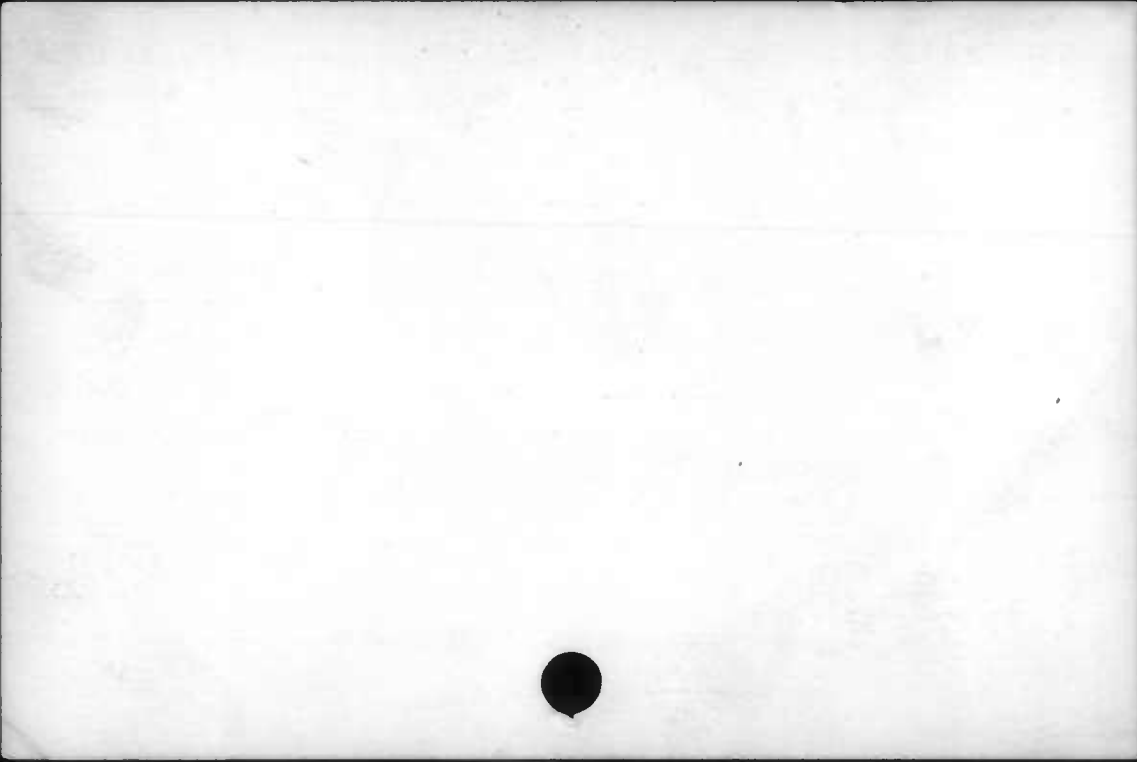
Immediate *—* ^{How long} *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M. F. Hull*

Address *Crisfield MD*

Accident or Suicide *no*



Name
in
Full

Nameless

Barnes

CERTIFICATE OF DEATH

Died at *Omney Amud*

Town

Somerset

County

MARYLAND

Date
of death *1909*Month *7*Day *4*Age *4*

Years

Months

Days *7*

Sex

*Male*Color or
Race*White*Birth-
place*Somerset Co*

Occupation

*Infant*Where Residing if not
at place of death*Somerset Co*Married, Single
or WidowedName of Wife or
Husband*✓*Father's
Name*Samuel Barnes*Father's
Birthplace*Somerset Co*Mother's
Maiden Name*Mollie Powell*Mother's
Birthplace*Somerset Co*Name of person giving
In formation*Dr. W. Wainwright*How related
to deceased*Not at all*

CAUSES OF DEATH

151

Primary

Aschemia

How long

Since birth

Immediate

Aschemia

How long

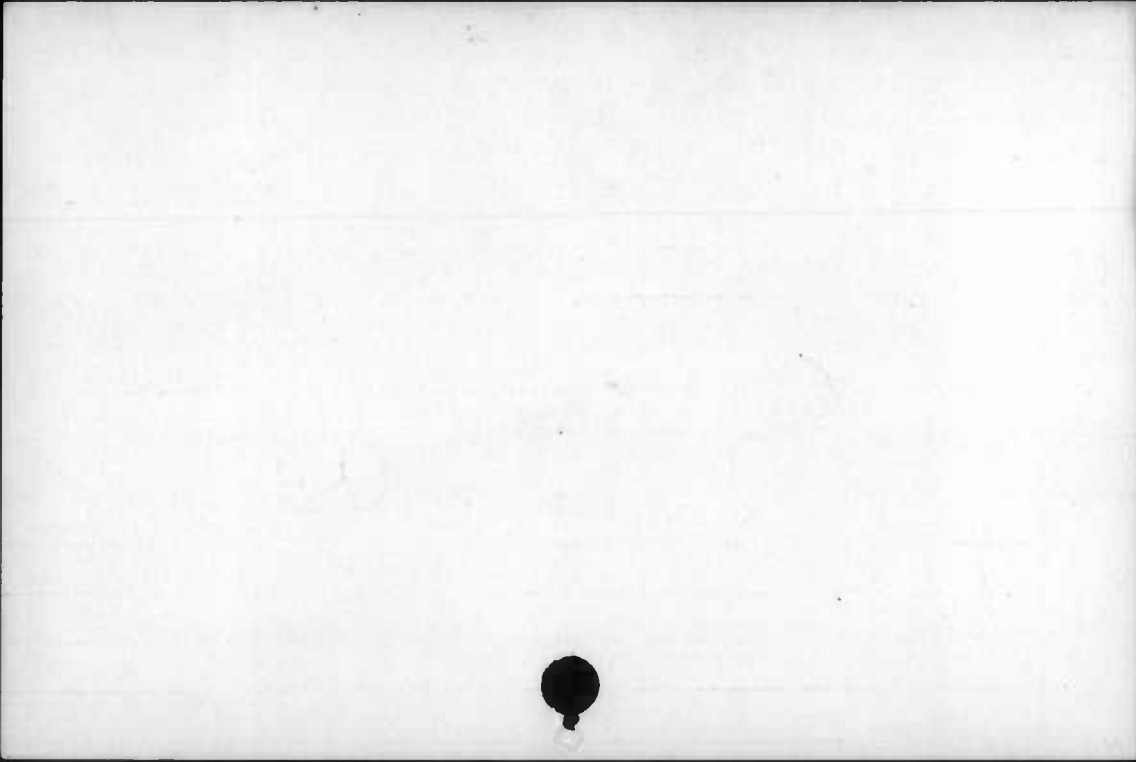
*Since birth*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Dr. W. Wainwright*

Address

*Omney Amud**and*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Edward N. Bowser

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

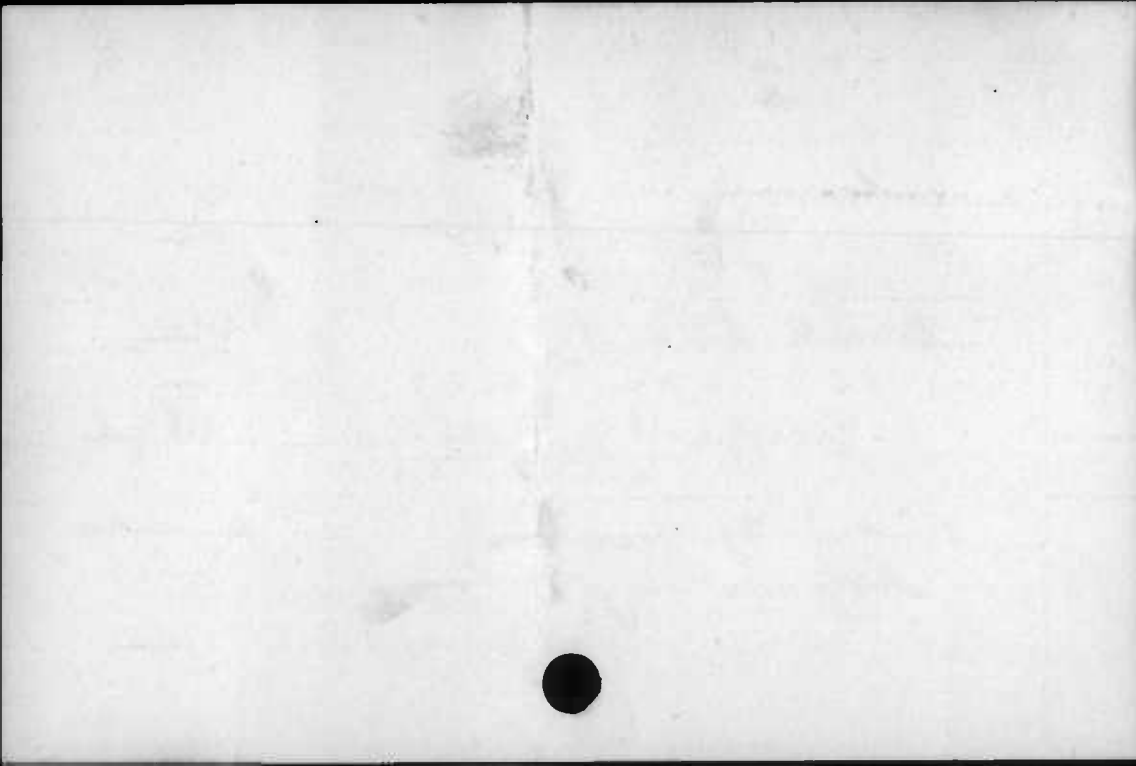
Died at <i>Upper Fairmount</i> <small>Town</small>		<i>Lomerset</i> <small>County</small>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Jan</i>	Day	<i>3rd</i>
Age		<i>20</i>	Years	Months	<i>5</i>
Sex		<i>Male</i>	Color or Race	<i>Black</i>	Birth-place
Occupation		<i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed		<i>Single</i>	Name of Wife or Husband		
Father's Name		<i>Alex Bowser</i>	Father's Birthplace		
Mother's Maiden Name		<i>Sophia Thomas</i>	Mother's Birthplace		
Name of person giving information		<i>H.S. Wilson</i>	How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>about 1 year</i>
Immediate	<i>in</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>A. E. Dickinson</i>	
Address		<i>Upper Fairmount</i>	
		<i>Md.</i>	
Accident or Suicide?			



Name
in
Full

Edward Broughton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near marion ^{County} Somerset MARYLAND

Date of death 1909 Jan 1st Age 50 Months - Days -

Sex male Color or Race Black Birth-place Md

Occupation Farmer Where Residing if not at place of death -

Married, Single or Widowed Name of Wife or Husband Annie Broughton

Father's Name Saut Know Father's Birthplace Somerset Co. Md

Mother's Maiden Name " " Mother's Birthplace Somerset Co. Md

Name of person giving Information Annie Broughton How related to deceased Wife

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Killed by Horse How long 2 weeks

Immediate Inflammation of Kidney How long - Four days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Dr. J. C. B. Allen

Address Marion Md

Accident or Suicide -

Amie Broughton

Name
in
Full

Lucy Cottingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marion Town Somerset County MARYLAND

Date of death 1909 Month Jan Day 2nd Age 1 Years Months Days

Sex Female Color or Race Black Birth-place Marion

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HuabandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

176

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Charles Cottman Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *W. Green* Town*Somerset* County

MARYLAND

Date of death *1909 Jan*Day *5-*Age *35* Years

Months

Days

Sex *Male*Color or
Race*Colored*Birth-
place*Somerset Co*Occupation *Lumberman*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Laura Cottman*Father's
Name*Charles Cottman Sr*Father's
Birthplace*Somerset Co*Mother's
Maiden Name*Anna Whitney*Mother's
Birthplace*Somerset Co*Name of person giving
Information*Joseph Cottman*How related
to deceased*Cousin*

CAUSES OF DEATH

27

Primary

*Tuberculosis of
the lung*

How long

1 year

Immediate

How long

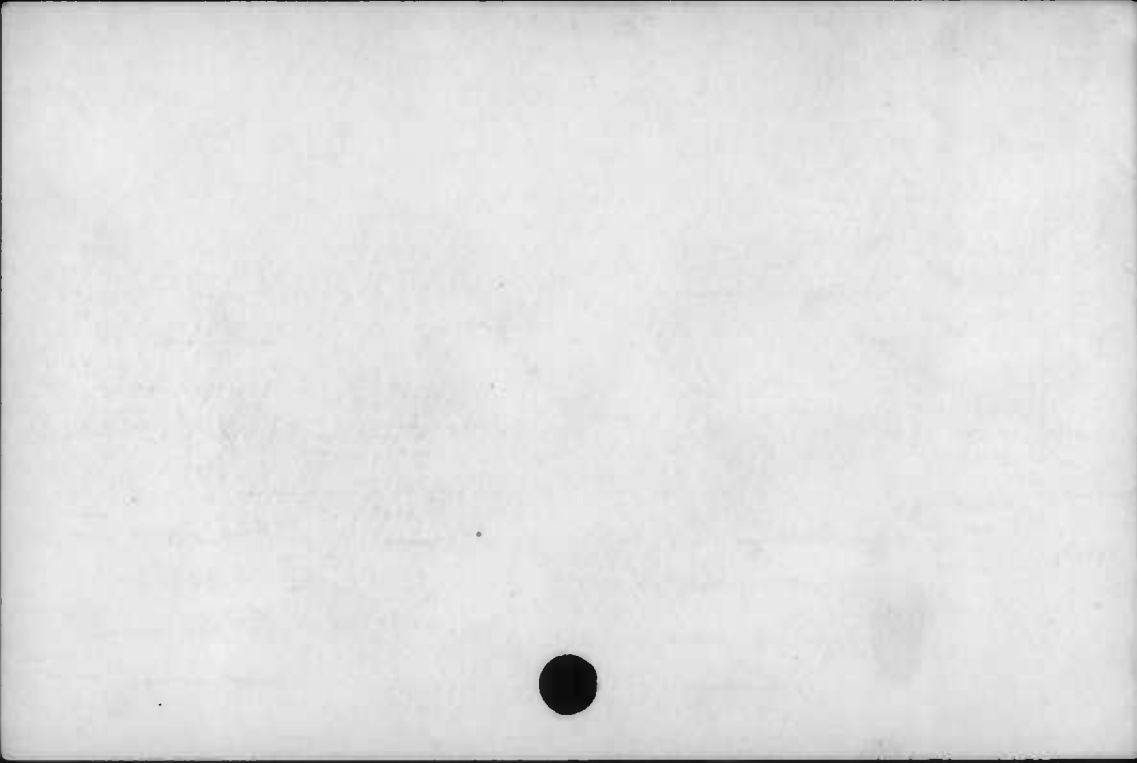
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*H. Barnes
Birmingham
P.O. No. 7.*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Holland

Town *near Marion* County *Somerset* MARYLAND

Died at *near Marion*

Date of death 190 *9* Jan *9* Age *78* Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *md*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *widowed* Name of Wife or Husband *—*

Father's Name *Don't know* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving Information *E. L. Holland* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Paralysis* How long *2 months*

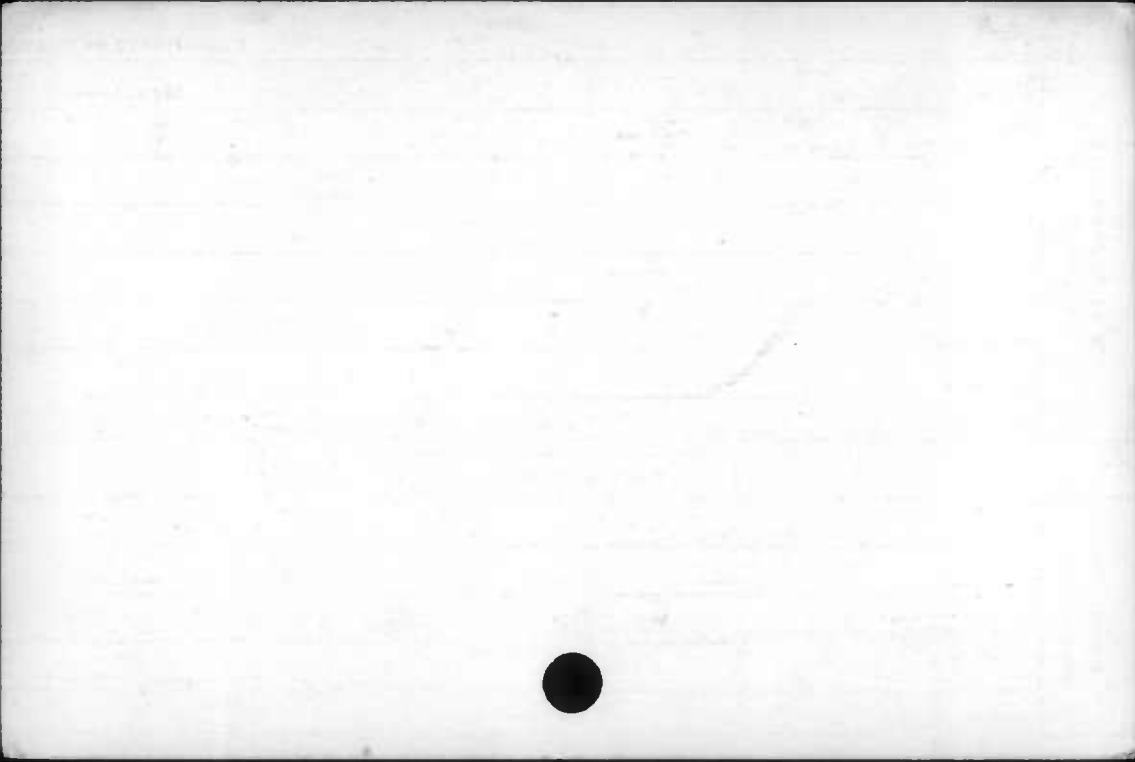
Immediate *Coma* How long *20 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. J. A. B. Allen*

Address *Marion Sta md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *John Wesley McGroth*
Town *Edwin* County *Somerset*

Died at *Edwin* Month *Jan* Day *9* Age *73* Years *73* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Ind.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Dont Know* Father's Birthplace *Dont Know*

Mother's Maiden Name *Dont Know* Mother's Birthplace *Dont Know*

Name of person giving Information *Edward Morris* How related to deceased *Not at all*

CAUSES OF DEATH

179

Primary *Valvular Dis. Heart* How long *3 weeks*
Immediate *Valvular Dis. Heart* How long *last room*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Chas W. Downing*
Address *Omnia & Sons*
Ind

PHYSICIAN
OR CORONER

~~Accident or Suicide~~



Name
in
Full

George E Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

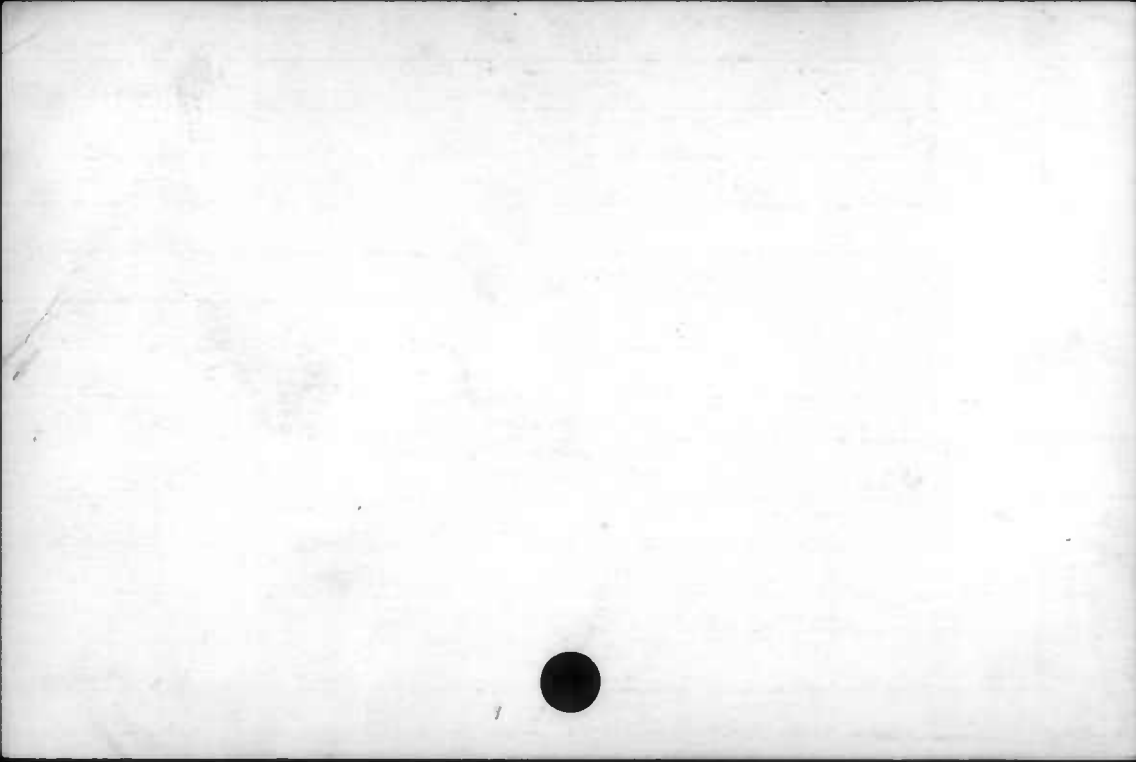
Died at ^{Town} <i>Crishfield</i>		^{County} <i>Somerset</i>		MARYLAND	
Date of death	1909	Month	<i>Jan</i>	Day	30
Age	36	Years	6	Months	16
Sex	<i>male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Griddlebrook Md</i>
Occupation	<i>Day laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>India Mills</i>		
Father's Name	<i>Henry Mills</i>		Father's Birthplace	<i>Worcester & Md</i>	
Mother's Maiden Name	<i>Lizzie Mills</i>		Mother's Birthplace	<i>Worcester & Md</i>	
Name of person giving Information	<i>John Miller</i>		How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

120

Primary	<i>Chronic Nephritis</i>	How long	<i>don't know</i>
Immediate	<i>Heart Failure</i>	how long	<i>one day</i>
Are the name, age, sex, color, data and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. F. Hall</i>
		Address	<i>Crishfield Md</i>
Accident or Suicide	<i>no</i>		

PHYSICIAN
OR CORONER



Name
in
Full

Milkey Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hopewell</i>		Town		<i>Somerset</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>21</i>		Age <i>72</i>		Years Months Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Som. Co. Md</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Washington Miller</i>							
Father's Name <i>Don't know</i>		Father's Birthplace <i>"Hessy"</i>							
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace							
Name of person giving information <i>John Washington</i>		How related to deceased <i>No</i>							

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>11 mo. years</i>
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Somers</i>
	Address <i>Fruit, Md</i>
Accident or Suicide? <i>No.</i>	



Name
in
Full

Pauline Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lawsonia		County Sonnet		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Jan	29				15
Sex		Color or Race		Birth-place			
Female		white		Lawsonia			
Occupation				Where Residing if not at place of death			
none							
Married, Single or Widowed		Name of Wife or Husband					
Single		+					
Father's Name				Father's Birthplace			
Chas. C. Nelson				Lawsonia Md			
Mother's Maiden Name				Mother's Birthplace			
Hattie May Lawson							
Name of person giving Information				How related to deceased			
Chas. C. Nelson				Father			

CAUSES OF DEATH

Primary

Meningitis

How long

151

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

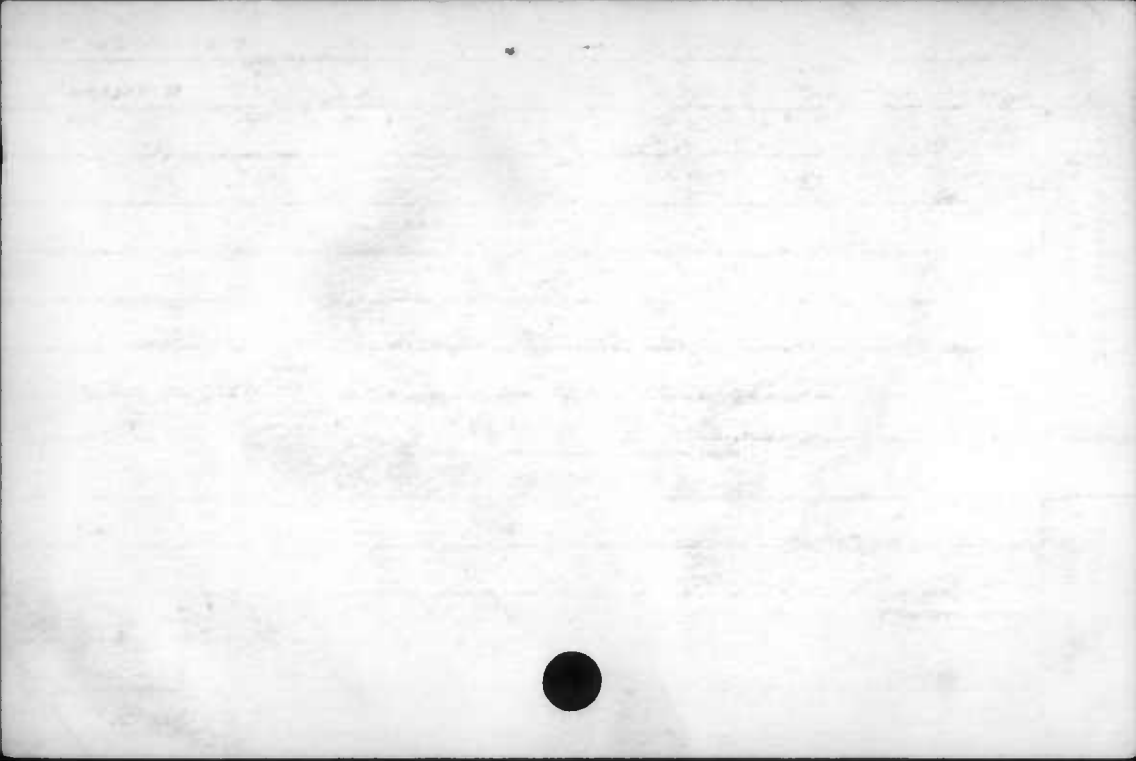
Address

W. F. Hall
Driffield Md

Accident or Suicide

No

PHYSICIAN
OR CORONER



Name
in
Full

Parrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

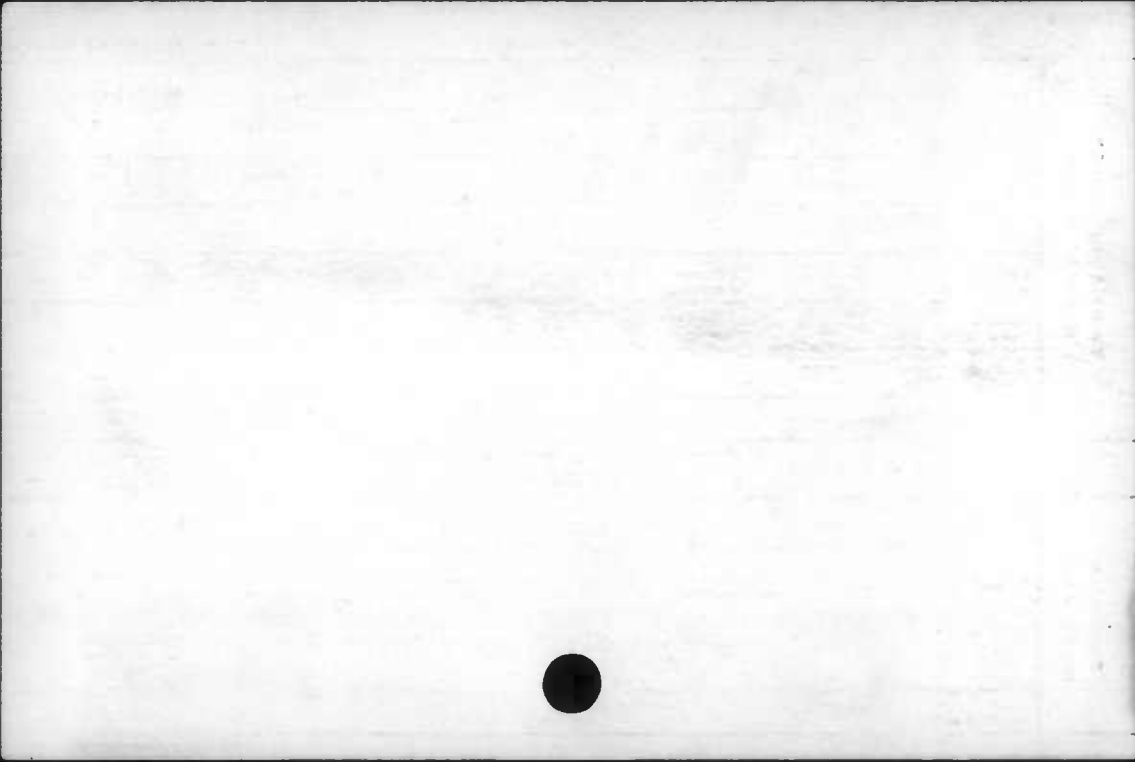
Town Marion			County Somerset			MARYLAND		
Date of death 1909		Month Jan	Day 20	Age Years		Months		Days 2
Sex female		Color or Race white		Birth- place Md				
Occupation Lump -				Where Residing if not at place of death -				
Married, Single or Widowed -				Name of Wife or Husband -				
Father's Name Artie Parrell				Father's Birthplace Md				
Mother's Maiden Name Addie P -				Mother's Birthplace Md				
Name of person giving Information Artie Parrell				How related to deceased Father				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Weakness	How long 2 day
Immediate Exhaustion	How long -
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. J. A. B. Allen
	Address Marion, Md.
Accident or Suicide	



Name
in
Full

Nancy Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

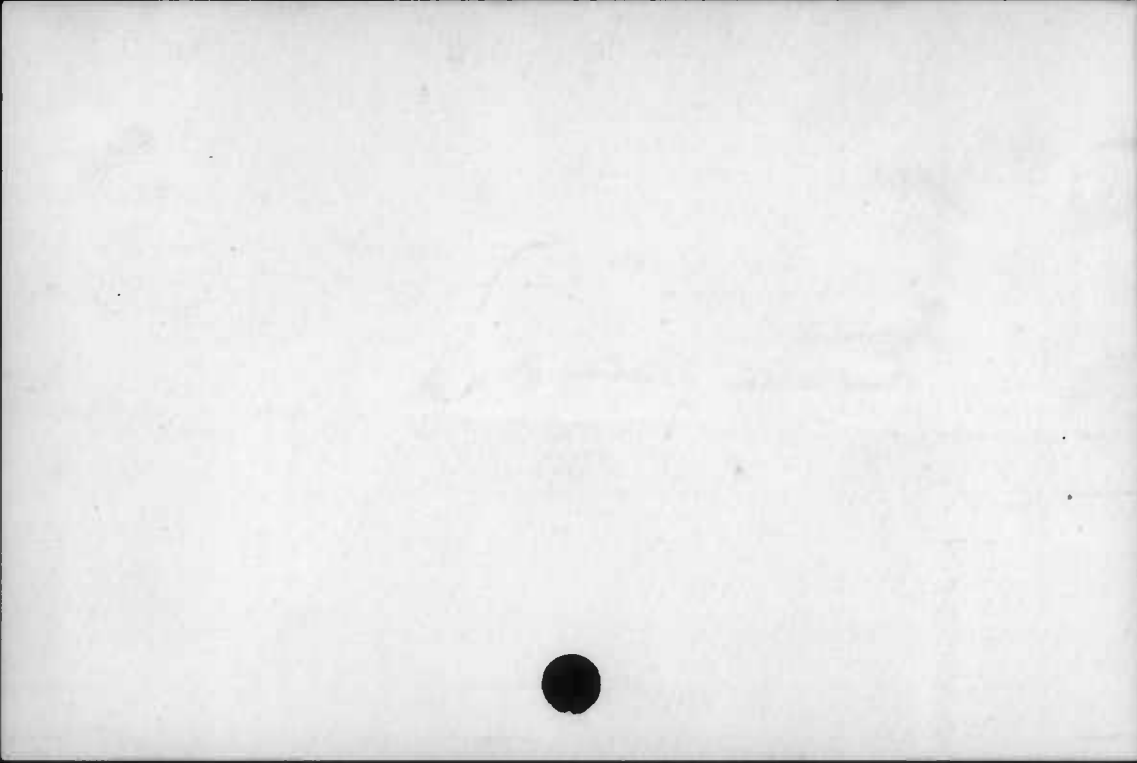
Died at ^{Town} Crisfield		^{County} Somerset		MARYLAND	
Date of death	1909	Month	Jan	Day	26
Age	5	Years	8	Months	—
Sex	Female	Color or Race	Blk	Birth-place	Maryland
Occupation	Domestic		Where Residing if not at place of death Crisfield, Md		
Married, Single or Widowed	Married		Name of Wife's Husband Henry Purnell		
Father's Name	Thos Hargrove			Father's Birthplace	Md
Mother's Maiden Name	Don't know			Mother's Birthplace	Md
Name of person giving information	Henry Purnell			How related to deceased	husband

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Immediate Cause Michael Bg Nephritis - Dropsy		How long	—
Intermediate Cause Atherosclerosis		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. H. Connelley
yes		Address	Crisfield, Md
Accident or Suicide?			No



Name
in
Full

Dawson Shores

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

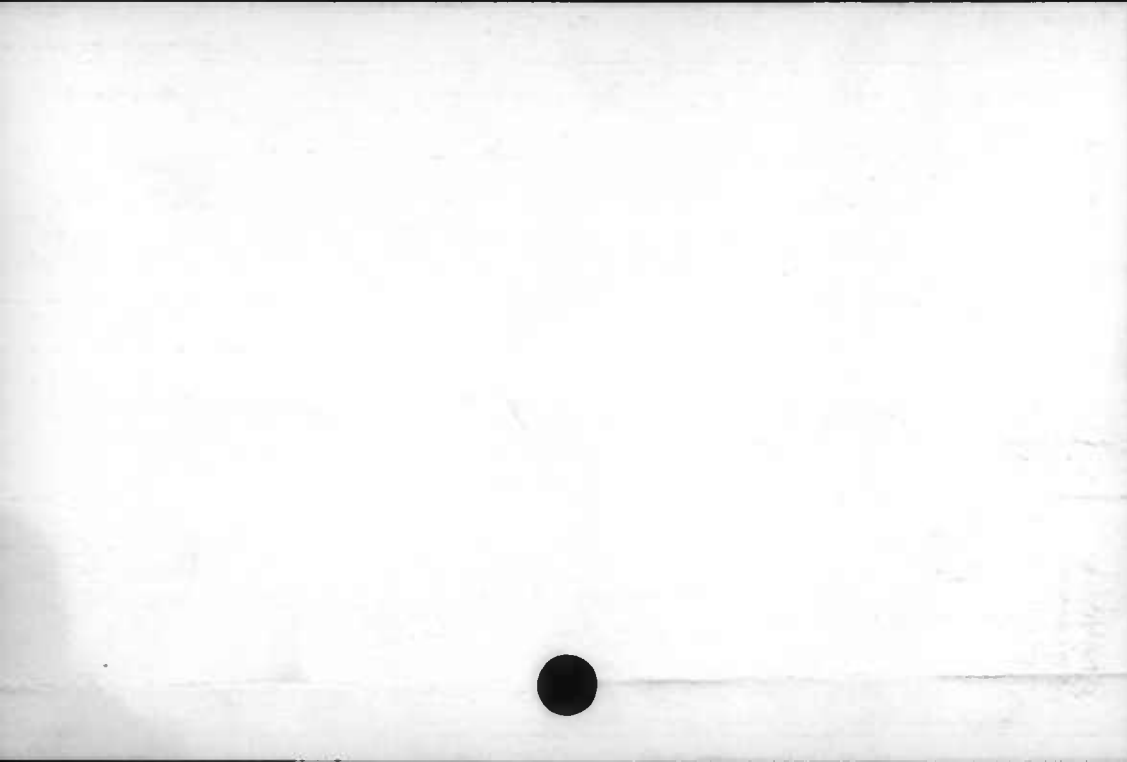
Died at		Town Stabroek		County Somerset		MARYLAND	
Date of death		Month Jan	Day 11	Years 59	Months 10	Days	
Sex Male		Color or Race White		Birth-place Somerset Co			
Occupation Farmer				Where Residing if not at place of death Same			
Married, Single or Widowed Married		Name of Wife or Husband Sallie Ross					
Father's Name Louis Shores				Father's Birthplace Maryland			
Mother's Maiden Name Lucretia Batson				Mother's Birthplace Maryland			
Name of person giving Information Sallie Shores				How related to deceased Wife			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Epythelious of Bladder	How long	6 mos
Immediate	Hemorrhage	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Ralph B. Knight	
Yes		Address Cruale	
Accident or Suicide		No	



Name
in
Full

Annie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Cheston</u>		Town <u>Soumenet</u>		County		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>9</u>	Age <u>14</u>	Years	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>md.</u>				
Occupation <u>Housework</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>James Smith</u>				Father's Birthplace <u>md.</u>			
Mother's Maiden Name <u>Margaret Bell</u>				Mother's Birthplace <u>md.</u>			
Name of person giving information <u>Laubert Williams</u>				How related to deceased <u>Cousin</u>			

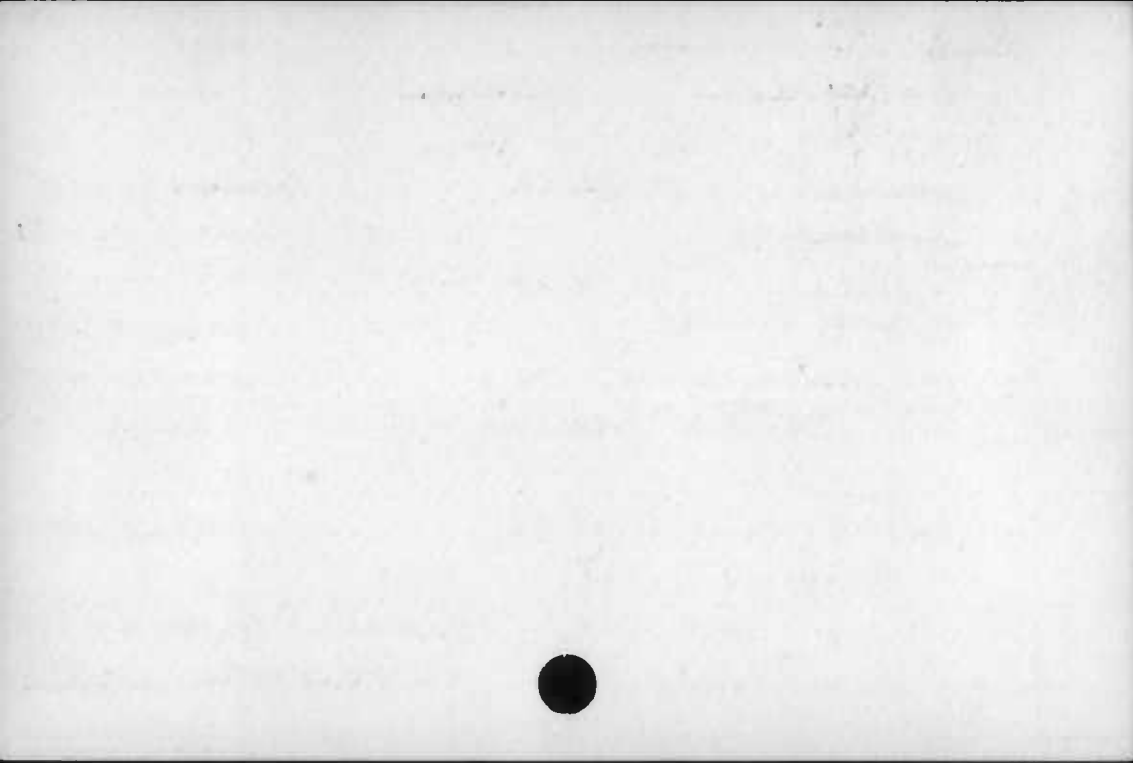
4

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>About 8 months</u>
Immediate <u>Aspiration</u>	How long <u>Progressive</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Chas. T. Baker M.D.</u>
	Address <u>Princes Anne, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George W. Stevenson
Town Crisfield County Somerset

MARYLAND

Died at Crisfield 27th Somerset
Date of death 1909 Jan 26 Age 26 Months 2 Days 2

Sex male Color or Race Black Birth-place Md

Occupation Farming Where Residing if not at place of death —

~~Married~~ Single Nama of Wife or Husband —

Father's Name Emerson Stevenson Father's Birthplace Md

Mother's Maiden Name Mary Hargis Mother's Birthplace Md

Name of person giving Information C. J. Victory How related to deceased Aunt.

CAUSES OF DEATH

Primary Cancer Stomach How long 40 6 mo

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Leah Tilghman

CERTIFICATE OF DEATH

Died at ^{Town} Near Rehoboth^{County} Somerset

MARYLAND

Date of death 1909 Jan.

Day 23

Age 80

Months

Days

Sex Female

Color or Race Black

Birth-place Somerset Co Md

Occupation Dependent

Where Residing if not at place of death

at place of death

Name of Deceased or Widowed

Name of Wife or Husband

George Beecham

Father's Name Isaac Bluff

Father's Birthplace Somerset Co Md

Mother's Maiden Name Easter Bluff

Mother's Birthplace Somerset Co Md

Name of person giving Information Esther Lennis

How related to deceased Daughter

CAUSES OF DEATH

154

Primary Infirmities of Age

How long Gradual decline

Immediate Failure of vital forces

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

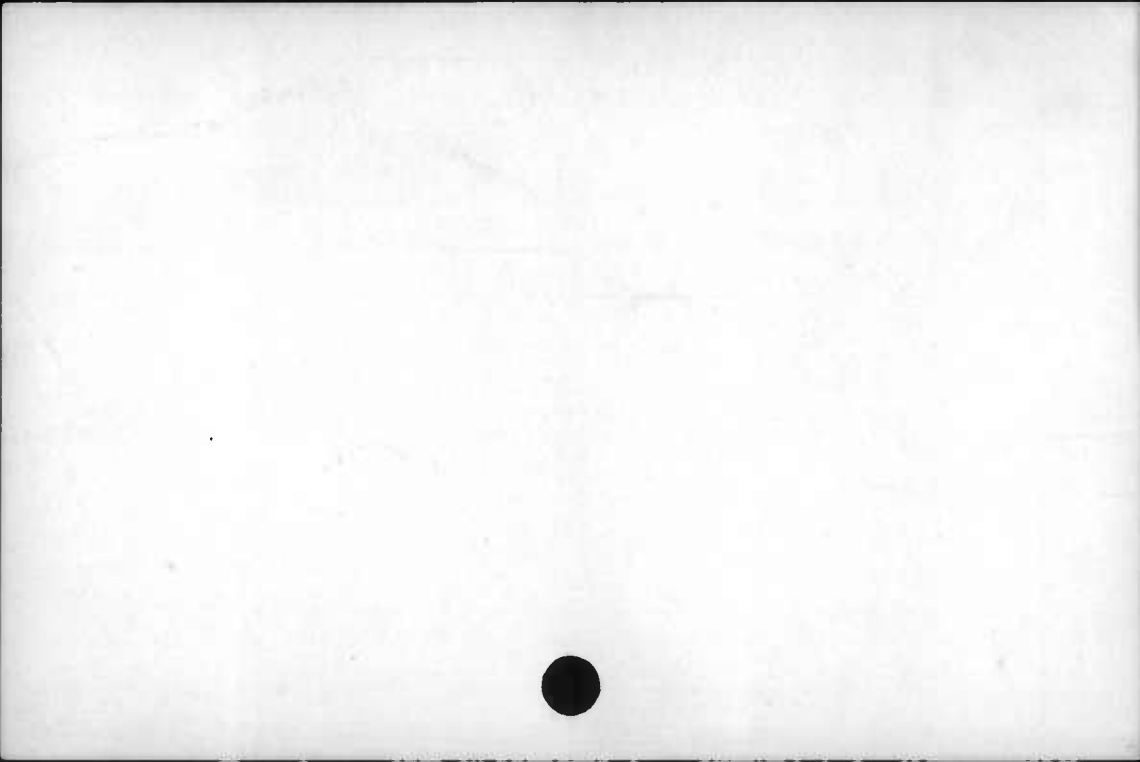
Address

Isaac T Coaster

Piedmont Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

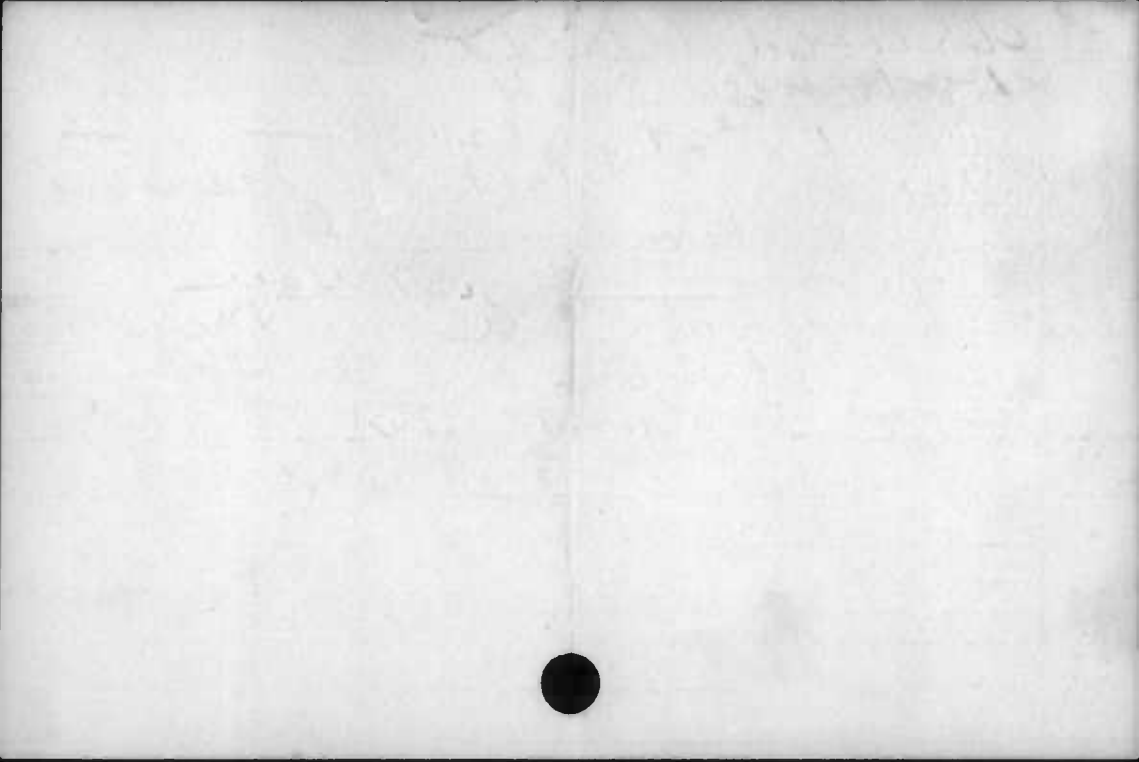
Name in Full <i>Arnold Wallace</i>		Date of death 1909		Month <i>1st</i>	Day <i>29</i>	Age <i>82</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>Deals Island</i>		Where Residing if not at place of death "					
Occupation <i>Trucker</i>	Where Residing if not at place of death "								
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Eliza Wallace</i>		Father's Name <i>Arnold Wallace</i>						
Father's Birthplace <i>Deals Island</i>		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		Name of person giving information <i>Harriet Anderson</i>			
How related to deceased <i>Daughter</i>									

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>18 years</i>
Immediate <i>Apoplexy</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo B. Stoner</i>
	Address <i>Deals Island Md</i>
Accident or Suicide?	<i>No Doctor attending</i>



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lizzie C Ward

Town *Hopewell* County *Somerset* MARYLAND

Died at *Hopewell*

Date of death 1909 *Jun* Month *31* Day *55* Age *3* Months *3* Days

Sex *Female* Color or Race *Black* Birth-place *Hopewell Md*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *John W Ward*

Father's Name *Levin Johnson* Father's Birthplace *Hopewell Md*

Mother's Maiden Name *Harriet Stedding* Mother's Birthplace *Hopewell Md*

Name of person giving Information *John W. Ward* How related to deceased *2 Siblings*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *6 months*

Immediate *Diphtheria* How long *6 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. F. Hall*

Address *Longfield Md*

Accident or Suicide *no*



Name
in
Full

Hester Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Kingston		County Somerset		MARYLAND	
Date of death		1909	Month Jan	Day 22	Age 55	Years 55	Months Don't know
Sex Female		Color or Race Black		Birth-place Va.			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife or Husband John Waters					
Father's Name John Collins		Father's Birthplace Va.					
Mother's Maiden Name Polly Taylor		Mother's Birthplace Va.					
Name of person giving information John Waters		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of uterus	How long	Don't know
Immediate	General exhaustion	How long	Don't know
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr. J. G. B. Allen	
		Address	
		Marion, Ind.	
Accident or Suicide?			

